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CONFIRMATION NO. 3494

<b>SERIAL NUMBER</b> 10/690,043	<b>FILING OR 371(c) DATE</b> 10/21/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 13235-014001
<b>APPLICANTS</b> Matthias Mack, Munchen, GERMANY; Cory M. Hogaboam, Ann Arbor, MI;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/217,524 08/13/2002 <i>pro</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none pro</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/24/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i>		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 52
Verified and Acknowledged Examiner's Signature <i>R. M. Hoerster</i> Initials		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 26161				
<b>TITLE</b> Method of treating allergen induced airway disease				
<b>FILING FEE RECEIVED</b> 919	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	